

CLAIMS ONLY

Application Number 10 619 781 Filing Date _____
Applicant(s) _____

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1								51					
2								52					
3								53					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	5							Total Indep					
Total Depend	13							Total Depend					
Total Claims	18							Total Claims					